STATE OF NEW YORK

1438--A

Cal. No. 102

2025-2026 Regular Sessions

IN SENATE

January 9, 2025

Introduced by Sens. KRUEGER, BRISPORT, BROUK, FERNANDEZ, GONZALEZ, HARCKHAM, HINCHEY, HOYLMAN-SIGAL, JACKSON, LIU, MAYER, SALAZAR, WEBB -- read twice and ordered printed, and when printed to be committed to the Committee on Health -- reported favorably from said committee and committed to the Committee on Rules -- reported favorably from said committee, ordered to a third reading, passed by Senate and delivered to the Assembly, recalled, vote reconsidered, restored to third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the public health law, in relation to enacting the New York state abortion clinical training program act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The public health law is amended by adding a new article 25-AA to read as follows:

ARTICLE 25-AA

NEW YORK STATE ABORTION CLINICAL TRAINING PROGRAM ACT

Section 2599-bb-10. Policy and purpose.
2599-bb-11. Definitions.
2599-bb-12. Establishment of the New York state abortion clinical training program.
2599-bb-13. Reporting.

§ 2599-bb-10. Policy and purpose. 1. New York has long held that comprehensive reproductive health care is a fundamental component of every individual's health, privacy and equality, and that access to reproductive health care services is integral to their ability to choose to carry a pregnancy to term, to give birth to a child, or to have an abortion.

2. Abortion care is provided in hospitals, clinics, and private medical practices across the state, with a majority of this care delivered by community-based providers. However, growing maternal health care

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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deserts have made it difficult for individuals to access this vital form of care. The need for abortion care continues to increase while the number of providers trained to perform these services is declining. Although there are community-based abortion facilities in every region of the state, only seven out of ten regions have community-based facilities that perform abortion care beyond fifteen weeks of pregnancy. In three regions, only two facilities provide abortion care up to twenty weeks of pregnancy. This has resulted in pregnant people having to travel further, and in some cases out of state, to access care, especially later in pregnancy.

3. While any physician and health care practitioner licensed by the state with abortion in their scope of practice is authorized to provide this care under law, there is no structured training program available to them for this purpose.

4. New York is in a strong position to address the training needs of these individuals by establishing a statewide abortion clinical training program. There are multiple abortion providers who are experienced, utilize innovative abortion care procedures, and interested in training their peers but require funding to do so.

5. It is the purpose of this article to create new training opportunities for New York health care practitioners in the delivery of abortion care through such a program, thereby protecting every individual's right to health, privacy and equality.

§ 2599-bb-11. Definitions. As used in this article, the following terms shall have the following meanings:

1. "Abortion" shall mean the termination of a pregnancy pursuant to section twenty-five hundred ninety-nine-bb of this chapter.

2. "Health care services" shall mean the range of care related to the provision of abortion pursuant to section twenty-five hundred ninety-nine-bb of this chapter.

3. "Health care practitioner" shall mean any health care practitioner authorized to provide health care services pursuant to section twenty-five hundred ninety-nine-bb of this chapter or an intern or resident who is employed by a hospital or otherwise enrolled in an accredited graduate medical education program.

4. "Professional educators" shall mean organizations providing reproductive health care, continuing education programs for qualified providers through professional associations or clinical education programs that meet professionally recognized training standards.

§ 2599-bb-12. Establishment of the New York state abortion clinical training program. 1. (a) There is hereby established within the department the New York state abortion clinical training program for the purpose of training health care practitioners in the performance of abortion and related reproductive health care services. The commissioner in consultation with the state education department, shall adopt a comprehensive curriculum and competency based-standards for the training of health care practitioners in the performance of a full range of abortion and related reproductive health care services. Such curriculum and standards shall be consistent with evidence-based training methods and shall include, but not be limited to:

(i) counseling and informed consent;

(ii) miscarriage management;

(iii) patient-centered care;

(iv) pre-abortion evaluation;

(v) contraception and aftercare;

(vi) telehealth delivery;

(vii) procedural abortion;
(viii) medication abortion; and
(ix) potential complications and required care.
(b) The commissioner shall update the adopted curriculum and standards at least every five years.
(c) The commissioner shall consult a range of experts, including, but not limited to, individuals and entities providing abortion care, abortion funds, and other organizations whose mission is to expand access to abortion care, to ensure the program structure reflects the needs of abortion providers, abortion funds and consumers in developing the initial curriculum and standards and all subsequent updates.
(d) For professional educators currently operating an abortion clinical training program within the state and selected by the department to facilitate training through the program, the commissioner shall approve the existing curriculum for use in the New York state abortion clinical training program so long as the curriculum meets adopted statewide standards.
3. (a) The commissioner is authorized to enter into agreements with professional educators to facilitate clinical training related to abortion care and other related reproductive health services at a minimum of four sites across the state. In entering such agreements, the commissioner shall consider organizations that:
(i) comply with applicable state laws and regulations;
(ii) are capable of providing culturally congruent care and implicit bias training;
(iii) have demonstrated experience in coordinating abortion care training programs; and
(iv) have sufficient patient volume to accommodate training need.
(b) Professional educators shall not be required to provide training in all areas of the approved curriculum, provided, however, special consideration shall be given to professional educators who have the capability to provide the full range of abortion care and related reproductive health care services.
(c) The commissioner may engage the services of a consultant on a contract basis to support the administration and operation of the program. Such consultant shall be a professional educator that has the demonstrated ability to provide programmatic oversight on a statewide level including, but not limited to candidate selection and screening, and adherence to the approved curriculum and clinical standards.
(d) Each professional educator receiving funding pursuant to this paragraph shall submit a written certification in such form and at such time as the commissioner shall prescribe, attesting how any award made was used to support training health care practitioners in the performance of abortion and related reproductive health care services including, but not limited to the number of health care practitioners selected for training; the number of health care practitioners completing the training; and the areas of the state served by the health care practitioners selected.
(e) Notwithstanding any inconsistent provision of law to the contrary, the commissioner shall be authorized to recoup any award made and determined to have been used in a manner inconsistent with the purposes of the abortion clinical training program. The commissioner is authorized to employ any legal mechanism to recoup such funds, including an offset of other funds that are owed to such professional educator.

4. The commissioner shall prioritize eligible health care practitioners who will provide abortion and related reproductive health care services to underserved communities in the state to receive training.

5. The commissioner shall award and distribute grants to address practical support needs of eligible health care providers. Funds may be awarded to support an eligible health care practitioner in obtaining clinical education on abortion care and other reproductive health services, including, but not limited to, financial support for travel and lodging associated with attending the program.

6. The commissioner shall promulgate rules and regulations as are necessary to carry out the provisions of this section.

7. Nothing in this article shall be construed to limit or restrict abortion training that occurs within New York state separate and apart from the New York state abortion clinical training program.

§ 2599-bb-13. Reporting. The commissioner shall submit a report no later than twelve months after the effective date of this section and annually thereafter, to the governor, the temporary president of the senate and the speaker of the assembly, which shall include, but not be limited to, the total amount of grants issued, the number of eligible participants, the number of eligible providers, and the region of the state where the eligible providers are located. Notwithstanding any other provision of law, the commissioner shall not report any identifying information of eligible participants in the program.

§ 2. This act shall take effect on the first of April next succeeding the date upon which it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.